

Exhibit F: PEBB Eligibility File Format

Exhibit F has three parts:

Exhibit F-1: Record Layout

Exhibit F-2: Record Description

Exhibit F-3: Record Processing Instructions

Exhibit F-1
PEBB
CARRIER INTERFACE RECORD

Tape Format: IBM 9-Track, EBCDIC, 6250 BPI
Record Format: **VARIABLE** Length Record
Record Length: 520 to 4034
Block Size: 4038
Note: Date field format is CCYYMMDD

RECORD TYPE: 1

Field Name	Picture	Positions From	To
Record Type (1)	9(01)	1	1
<i>Transaction Date</i>	9(08)	2	9
Transaction Type	X(01)	10	10
Filler	X(04)	11	14
Old SSN	9(09)	15	23
New SSN	9(09)	24	32
Filler	X(488)	33	520

RECORD TYPE: 2

Field Name	Picture	Positions From	To
Record Type (2)	9(01)	1	1
<i>Transaction Date</i>	9(08)	2	9
Transaction Type	X(01)	10	10
Sequence Number	9(03)	11	13
Sequence Type	X(01)	14	14
SSN	9(09)	15	23
Name	X(20)	24	43
Home Agency	X(03)	44	46
Home Sub Agency	X(03)	47	49
Address Line 1	X(30)	50	79
Address Line 2	X(30)	80	109

Field Name	Picture	Positions	
		From	To
Address Line 3	X(30)	110	139
City	X(20)	140	159
State	X(02)	160	161
Zip	X(10)	162	171
<i>Address Effective Date</i>	<i>X(08)</i>	<i>172</i>	<i>179</i>
<i>Date of Birth</i>	<i>X(08)</i>	<i>180</i>	<i>187</i>
Gender Code	X(01)	188	188
County of Residence	X(02)	189	190
Insurance Eligibility Type	X(01)	191	191
Marital Status	X(01)	192	192
Subscriber Enrolled in Part A of Medicare	X(01)	193	193
<i>Effective Date - Part A</i>	<i>X(08)</i>	<i>194</i>	<i>201</i>
Subscriber Enrolled in Part B of Medicare	X(01)	202	202
<i>Effective Date - Part B</i>	<i>X(08)</i>	<i>203</i>	<i>210</i>
Home Phone	X(10)	211	220
Work Phone	X(10)	221	230
<i>Marriage Date</i>	<i>X(08)</i>	<i>231</i>	<i>238</i>
<i>Divorce/Spouse Decease Date</i>	<i>X(08)</i>	<i>239</i>	<i>246</i>
Filler	X(01)	247	247
Subscriber Physician-Clinic ID	X(10)	248	257
Subscriber Enrolled	X(01)	258	258
<i>Coverage Begin Date</i>	<i>X(08)</i>	<i>259</i>	<i>266</i>
<i>Coverage End Date</i>	<i>X(08)</i>	<i>267</i>	<i>274</i>
<i>Deceased Date</i>	<i>X(08)</i>	<i>275</i>	<i>282</i>
Filler	X(01)	283	283
Originating SSN	X(09)	284	292
Med-Supp Indicator	X(01)	293	293
Full Carrier Code	X(04)	294	297
<i>Filler</i>	<i>X(06)</i>	<i>298</i>	<i>303</i>
Spouse SSN	X(09)	304	312
Spouse Name	X(20)	313	332
Spouse Address Line 1	X(30)	333	362
Spouse Address Line 2	X(30)	363	392
Spouse Address Line 3	X(30)	393	422
Spouse City	X(20)	423	442
Spouse State	X(02)	443	444
Spouse Zip	X(10)	445	454
<i>Spouse Birth Date</i>	<i>X(08)</i>	<i>455</i>	<i>462</i>
Spouse Gender Code	X(01)	463	463

Positions

Field Name	Picture	From	To
Spouse Enrolled in Part A of Medicare	X(01)	464	464
<i>Effective Date - Part A</i>	X(08)	465	472
Spouse Enrolled in Part B of Medicare	X(01)	473	473
<i>Effective Date - Part B</i>	X(08)	474	481
Spouse Enrolled	X(01)	482	482
Spouse Physician/Clinic ID	X(10)	483	492
<i>Spouse Effective Date</i>	X(08)	493	500
<i>Spouse End Date</i>	X(08)	501	508
Filler	X(10)	509	518
Number of Dependents	9(02)	519	520

Dependent Data Occurs 0 to 15 times (521 - 4034) Depending on
Number of Dependents

Dependent SSN	X(09)	521	529
Dependent Name	X(20)	530	549
Dependent Address Line 1	X(30)	550	579
Dependent Address Line 2	X(30)	580	609
Dependent Address Line 3	X(30)	610	639
Dependent City	X(20)	640	659
Dependent State	X(02)	660	661
Dependent Zip	X(10)	662	671
<i>Dependent Birth Date</i>	X(08)	672	679
Dependent Gender Code	X(01)	680	680
Dependent Relationship	X(01)	681	681
Dependent Qualify Reason	X(01)	682	682
Dependent Enrolled in Part A of Medicare	X(01)	683	683
<i>Effective Date - Part A</i>	X(08)	684	691
Dependent Enrolled in Part B of Medicare	X(01)	692	692
<i>Effective Date - Part B</i>	X(08)	693	700
Dependent Enrolled	X(01)	701	701
Dependent Physician/Clinic ID	X(10)	702	711
<i>Dependent Effective Date</i>	X(08)	712	719
<i>Dependent Term Date</i>	X(08)	720	727
Dependent Certification Type	X(01)	728	728
<i>Certification Begin Date</i>	X(08)	729	736
<i>Certification End Date</i>	X(08)	737	744
Filler	X(10)	745	754

Exhibit F-2
PEBB CARRIER INTERFACE RECORD DESCRIPTION

Revised 11/2000

RECORD TYPE 1

- | | |
|---------------------|---|
| 1. Record Type | - A code used to identify the type of record.

1 = SSN Changes
2 = Changes in Insurance Coverage |
| 2. Transaction Date | - CCYYMMDD |
| 3. Transaction Type | - Will always be a 'C' (change) on Record Type 1. |
| 4. Filler | |
| 5. Old SSN | - Old Social Security Number of the subscriber. |
| 6. New SSN | - New Social Security Number for the subscriber. |
| 7. Filler | |

RECORD TYPE 2

- | | |
|----------------------|--|
| 8. Record Type | - A code used to identify the type of record.

1 = SSN Changes
2 = Changes in Insurance Coverage |
| 9. Transaction Date | - CCYYMMDD |
| 10. Transaction Type | - A = Add
C = Change
D = Termination of Insurance |
| 11. Sequence Number | - To control processing of multiple records for the same day. Process in <i>ascending</i> sequence number. |

12. Sequence Type
 - Indicates whether the record contains all available information regarding the subscriber and family OR if only the changed information is present. (HCA will send both A and B records for “changes”. The plan has the option of choosing all available information or changes only.)

A = All Available Information
B = Changed Information Only
F = Changes with a future effective date (complete information)
13. SSN
 - The Social Security Number of the subscriber.
14. Name
 - Last Name, First Name, Middle Initial
15. Home Agency
 - The agency responsible for entering the employee’s insurance information.
16. Home Sub Agency
 - The sub agency responsible for entering the employee’s insurance information.
17. Address
 - The mailing address of the subscriber.

Address Line 1 30 positions
Address Line 2 30 positions
Address Line 3 30 positions
City 20 positions
State 2 positions
Zip 10 positions
18. Address Effective Date
 - The date the new mailing address is to take effect. (CCYYMMDD).
19. Subscriber’s Date of Birth
 - CCYYMMDD
20. Subscriber’s Gender Code
 - M = Male F = Female

21. County of Residence - A code indicating subscriber's county of residence.
- | | |
|-------------------|-------------------|
| 00 - Out of State | 20 - Klickitat |
| 01 - Adams | 21 - Lewis |
| 02 - Asotin | 22 - Lincoln |
| 03 - Benton | 23 - Mason |
| 04 - Chelan | 24 - Okanogan |
| 05 - Clallam | 25 - Pacific |
| 06 - Clark | 26 - Pend Oreille |
| 07 - Columbia | 27 - Pierce |
| 08 - Cowlitz | 28 - San Juan |
| 09 - Douglas | 29 - Skagit |
| 10 - Ferry | 30 - Skamania |
| 11 - Franklin | 31 - Snohomish |
| 12 - Garfield | 32 - Spokane |
| 13 - Grant | 33 - Stevens |
| 14 - Grays Harbor | 34 - Thurston |
| 15 - Island | 35 - Wahkiamkum |
| 16 - Jefferson | 36 - Walla Walla |
| 17 - King | 37 - Whatcom |
| 18 - Kitsap | 38 - Whitman |
| 19 - Kittitas | 39 - Yakima |
22. Insurance Eligibility Type - Code used to indicate the enrollee's eligibility status.
- | | |
|-----------------------------------|-------------------------------|
| Y – Active Employee State | R – Retiree State |
| X – Active Employee K12 | K – Retiree K12 |
| X – Active Employee Political Sub | G – Cobra Retiree State |
| C – Cobra | D – Cobra Retiree K12 |
| S – Selfpay | V – Uniform Conversion Plan 1 |
| E – Selfpay – Dental Only | W – Uniform Conversion Plan 2 |
| T – Cobra – Dental Only | N – Not Enrolled |
23. Marital Status - M = Married S = Single
24. Subscriber Enrolled in Part A of Medicare - Y = Yes N = No
25. Effective Date - Part A - The date of the subscriber's enrollment in Medicare Part A. (CCYYMMDD).
26. Subscriber Enrolled in Part B of Medicare - Y = Yes N = No
27. Effective Date - Part B - The date of the subscriber's enrollment in Medicare Part B. (CCYYMMDD)
28. Home Phone - Subscriber's Home Phone Number.
29. Work Phone - Subscriber's Work Phone Number.
30. Marriage Date - CCYYMMDD

- | | |
|------------------------------------|--|
| 31. Divorce/Spouse Decease Date | - The date of the subscriber's divorce or spouse's date of death. (CCYYMMDD) |
| 32. Filler | |
| 33. Subscriber Physician/Clinic ID | - A code to identify the subscriber's physician or clinic for health or dental enrollment. (Associated with carrier code.) .) <i>If the 10th position of this field contains a "Y", the member is indicating they are a current patient of the physician.</i> |
| 34. Subscriber Enrolled | - A code indicating the enrollment status of the subscriber based on the <i>effective</i> and <i>termination</i> dates present on the transaction record.

Y = Yes N = No |
| 35. Coverage Begin Date | - The date Health or Dental coverage is to begin. (CCYYMMDD) |
| 36. Coverage End Date | - The date Health or Dental coverage is to end. (CCYYMMDD) |
| 37. Deceased Date | - The subscriber's decease date. (CCYYMMDD) |
| 38. Filler | |
| 39. Originating SSN | - Identifies the originating SSN where the current enrollee established eligibility. (Used mainly for COBRA dependents) |
| 40. Med Supp Indicator | - A flag for records associated with the Med-Supp program: The subscriber or spouse is enrolled in the Med Supp program, but another member does not qualify for Med Supp enrollment and is enrolled in the Uniform Plan.

(blank) = not Med Supp-related
Y = part of Med Supp enrollment |

41. Full Carrier Code - A code to identify the insurance carrier. (This field is expanded from a 1-character field to a 4-character field. The carrier code from item 32 is in the left-most position.)

Medical Carriers

Dental Carriers

C - Group Health	U - Uniform Medical	1 - WDS (Uniform Dental)
CA - Options	UH - UMP Neighborhood	4 - DeltaCare
CH - Community Health	WA - Regence Care	7 - Regence Dental
D - Kaiser	X - Blue Cross Med Supp J	
P - Pacificare	Y - Blue Cross Med Supp E	

42. Filler
43. Spouse SSN - Social Security Number of the spouse of the subscriber.
44. Spouse Name - The legal combination of words by which the spouse is known. (Last Name, First Name, Middle Initial)
45. Spouse Address - The mailing address of the spouse. (Blank if the same as the Subscriber's)
- Address Line 1 30 positions
Address Line 2 30 positions
Address Line 3 30 positions
City 20 positions
State 2 positions
Zip 10 positions
46. Spouse Birth Date - The date of birth of the Spouse. (CCYYMMDD)
47. Spouse Gender Code - F = Female M = Male
48. Spouse Enrolled in Part A of Medicare - Y = Yes N = No
49. Effective Date - Part A - The effective date of the spouse's enrollment in Medicare Part A. (CCYYMMDD)
50. Spouse Enrolled in Part B of Medicare - Y = Yes N = No
51. Effective Date - Part B - The effective date of the spouse's enrollment in Medicare Part B. (CCYYMMDD)
52. Spouse Enrolled - A code indicating the enrollment status of the spouse based on the effective and end dates present on the transaction record.

Y = Yes

N = No

53. Spouse Physician/Clinic ID - A code to identify the spouse's physician or clinic for health or dental enrollment. .) ***If the 10th position of this field contains a “Y”, the member is indicating they are a current patient of the physician.***
54. Spouse Effective Date - The date Health or Dental coverage is to begin. (CCYYMMDD)
55. Spouse End Date - The date Health or Dental coverage is to end. (CCYYMMDD)
56. Filler
57. Number of Dependents - Contains the number of Dependent Records and controls the variable record length.
58. Dependent SSN - The Social Security Number of the dependent of the subscriber.
59. Dependent Name - The legal combination of words by which the dependent is known. (Last, First, and Middle Initial)
60. Dependent Address - The mailing address of the dependent if different than the subscriber.
- | | |
|----------------|--------------|
| Address Line 1 | 30 positions |
| Address Line 2 | 30 positions |
| Address Line 3 | 30 positions |
| City | 20 positions |
| State | 2 positions |
| Zip | 10 positions |
61. Dependent Birth Date - CCYYMMDD
62. Dependent Gender Code - M = Male F = Female
63. Dependent Relationship -
- | | |
|----------------------------------|---------------|
| C = Son | S = Spouse |
| D = Daughter | X = Ex-spouse |
| F = Extended Dep | P = Parent |
| 2 = Spouse of a Surviving Spouse | |

64. Dependent Qualify Reason - A code to identify qualifying reason for special dependent status.
- A = Disabled
S = Student
D = Extended dependent
65. Dependent Enrolled in Part A of Medicare - Y = Yes N = No
66. Effective Date - Part A - The effective date of the dependent's enrollment in Medicare Part A. (CCYYMMDD)
67. Dependent Enrolled in Part B of Medicare - Y = Yes N = No
68. Effective Date - Part B - The effective date of the dependent's enrollment in Medicare Part B. (CCYYMMDD)
69. Dependent Enrolled - A code indicating the enrollment status of the dependent based on the effective and end dates present on the transaction record.
- Y = Yes N = No
70. Dependent Physician/Clinic ID Number - A code to identify the dependent's physician or clinic for health or dental enrollment. .) ***If the 10th position of this field contains a "Y", the member is indicating they are a current patient of the physician.***
71. Dependent Effective Date - The date health or dental coverage will be effective for a dependent. (CCYYMMDD)
72. Dependent Termination Date - The date health or dental coverage will end for a dependent. (CCYYMMDD)
73. Dependent Certification Type - A code indicating the certification status of an approved extended dependent, disabled dependent or student.
- T = Temporary P = Permanent
74. Certification Begin Date - The date the approved extended dependent, disabled dependent or student certification begins. (CCYYMMDD)
75. Certification End Date - The date the approved extended dependent, disabled dependent or student certification ends. (CCYYMMDD)
76. Filler

Exhibit F-3
PEBB Carrier Interface Record Processing Instructions
10-01-2000

Record Type 1 - Social Security Number Changes (Position 1 on Record Layout)

All social security number changes are sent to all carriers.

Record Type 2 - Changes In Insurance Coverage Information (Position 1 on Record Layout)

1. A single, complete transaction type 2A (Add) , 2C (Change) or 2D (Delete) record will be sent for subscriber and family add, change and delete transactions.
2. The Sequence Number controls processing of multiple records per subscriber per day. Records should be processed in ascending sequence number order.
3. The Sequence Type indicates whether the change record contains:
 - A = complete information regarding the subscriber and family,
 - B = changed information only, or
 - F = complete information for a subscriber whose coverage begin or end date is in the future.

HCA will send two type 2C records Sequence Type A (complete information) and Sequence Type B (changes only) whenever a change is made. Both will have the same Sequence Number. Each carrier may choose the record type that best meets their processing requirements and ignore the other.

The 2CA change record will have *complete* subscriber and family information.

The 2CB change record will have *changes only*, but at a minimum will include the Subscribers SSN and Name. If spouse and/or dependent information has changed, the Spouse and/or Dependent SSN, Name, and the actual changed data will be present on the 2CB record. On the 2CB record, all unchanged fields will be space filled. Low Values (hex '00') will be present in a field where the requested change is to blank that field.

The Number of Dependents on the 2CA record will contain the actual number of dependent records, irrespective of dependent enrollment status.

The Number of Dependents on the 2CB record will contain a zero (if no changes have been made to dependent information), or the actual number of dependent records following (if dependent information has been changed).

For example: if a subscriber has three dependents with a change on only one of them, the Number of Dependents field would contain a 03 on the 2CA record and a 01 on the 2CB record.

4. The eligibility system will allow add, change and delete transactions with effective dates up to 2 processing periods in the future. This generally means 2 calendar months in the future, but could extend to 3 calendar months. Future information will be forwarded to the appropriate carriers with all other transactions.

A single, complete transaction type 2A, 2C or 2D record will be sent for future subscriber add, change and delete transactions. The future begin or end date will be present.

HCA will send two type 2C records Sequence Type A and Sequence Type B whenever a future change is made. The future effective dates will be present in the record. An example of this type of change would be the future termination present of a child. The same type 2CA & 2CB processing logic discussed in item 3 above would apply.

In very special cases a type 2CF record is sent in place of or in addition to the 2CA & 2CB. A type 2CF record looks exactly like a type 2CA complete record, but is sent only to a carrier who has already received a type 2A record with a future effective date and the future effective date has not yet been reached. The type 2CF record contains *complete* subscriber and family information. The changed information is not highlighted. These records will have normal sequencing numbers.

This condition most commonly occurs during open enrollment periods when a subscriber has chosen a new carrier, both the gaining and losing carriers have been notified, and the subscriber then reports some type of change prior to the effective date of the carrier change. Example: The subscriber makes a plan change with a 1/1/96 effective date and then reports a newborn infant or an address change with a 12/1/95 effective date.

The requirement for employee medical insurance payroll contributions caused us to allow employees to waive coverage for spouses and other dependents. In many cases, particularly during open enrollment, the payroll/benefits staff can enter spouse and dependent disenrollment changes with effective dates up to two months in the future. We use the type 2CF record to notify you of these changes. It contains complete information about all family members. You will need to examine the coverage begin and end dates to determine the exact status of each family member. Receipt of a type 2CF record (on a currently enrolled subscriber) means that there is a spouse or dependent disenrollment with a future effective date. There may be 2CA and 2CB records in addition to a 2CF record. The 2CF record will always be the last sequence number when 2CA and 2CB records are present.

Due to some eligibility changes for 1996, some dependents will be eligible for coverage between the 16th and 31st of a month, but will not be charged the higher family size premium until the following month. Because of the way we pend this transaction for billing purposes, you may receive a type 2A record for a family followed by a type 2CF record for the dependents, if the family has an effective date between the 16th and 31st of a month. The type 2CF record will be a duplicate of the type 2A record.

You could also receive a type 2D record for a family followed by a type 2CF record if the family changed plans and also waived coverage on a spouse or dependent. The type 2CF record will be a duplicate of the type 2D record.

5. The Originating SSN is the original subscriber's SSN from which the current subscriber's eligibility is generated. Originating SSN will be present on transaction types 2A, 2D and 2C records with record types A, B and F, if it is present in the eligibility system.. Example: a dependent child enrolled in COBRA would display the parent's Originating SSN as the place where the child's original eligibility was established.

The Originating SSN, if present on the type 2CB change record, must be tested to determine if it has changed.

6. Subscriber, Spouse, and Dependent Enrolled indicators Y (enrolled) or N (not enrolled) show the enrollment status of the subscriber, spouse, or dependent based upon the Effective and Termination Dates present on the transaction record.
7. Medicare Part A and B dates will be present for the subscriber, spouse, and dependents. These dates will reflect the date on which the Medicare A or B Enrolled status changed. For example, if the subscriber's Medicare Part A Enrolled indicator changed from "N" to "Y", the date would reflect the subscriber's enrollment in part A. If the subscriber's Medicare Part B Enrolled indicator changed from "Y" to "N", the date would reflect the subscriber's termination of part B.
8. Physician/Clinic ID information is not a required field. It will only be provided if the subscriber reported this information to their employer for the subscriber, spouse, and each dependent on their initial enrollment form. *Please note that the Physician/Clinic ID is neither required nor edited by the Insurance System.* This is a free format, 10 character field. If you receive a change in physician/clinic on your tapes after initial enrollment, please consider it a flag only and verify the information with the subscriber.
9. Foster children (Dependent Relationship "F") and disabled dependents (Qualify Reason "A") and student dependents (Qualify Reason "S") require special enrollment certification information. HCA uses certification types "T" (Temporary) or "P" (Permanent) when coverage has been approved **and** Certification Begin and End Dates. Students, foster children and disabled dependents should not be enrolled unless all of the following is true:
 - Dependent Begin Date is present, and
 - Dependent End Date is zeros, and
 - Dependent Certification Type is present, and
 - Certification Begin date is present